EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

		Information about Form 990 and its instructions is			inspection
A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and a	ending _	<u> TUN 30, 2017</u>	
В	Check if pplicable	C Name of organization		D Employer identifie	cation number
а		ì			
	Addres change	UNITED STAND			
$\overline{}$	Name change			1 36-3	591859
7	Tinitral		Room/suite	E Telephone number	
늗	return Final		חטטווויסטונפ	· ·	
	return/ termin-	3731 WEST 62ND STREET			585-4499
	ated Amend	City or town, state or province, country, and ZIP or toreign postal code		G Gross receipts \$	<u>2,879,210.</u>
<u>_</u>	_ireturn	CHICAGO, IL 00029		H(a) Is this a group re	
L	Application	F Name and address of principal officer S. R. IM MIS		for subordinates	? Yes X No
	pendin	9 3731 WEST 62ND STREET, CHICAGO, IL 606	529~	H(b) Are all subordinates in	cluded? Yes No
1.7	ax-exe	mpt status: X 501(c)(3)	r 7527	If "No," attach a	list. (see instructions)
		e: ► N/A··		H(c) Group exemption	•
		organization: X Corporation	I Year		State of legal domicile: IL
	art I	Summary	1 = 7 5 4.	<u> </u>	- State of regar commons.
تــــــــــــــــــــــــــــــــــــــ		Briefly describe the organization's mission or most significant activities: YOUTH	1 AT E	TCK FAMILY	SUPPORT
8	' '	Theny describe the organization's mission of most significant activities. 10011.	I WI L	TOW, PAMILLI	BOFFORT
ш					
Activities & Governance	1 -	Check this box if the organization discontinued its operations or dispos	ed of more	1 1	_
õ	ì	Number of voting members of the governing body (Part VI, line 1a)		3	<u>8</u>
જ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	7
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	38
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	<u> </u>
čť	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	- 0.
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34	,		0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		55,805.	112,464.
Ę	1		·	2,046,460.	2,765,099.
Revenue		Program service revenue (Part VIII, line 2g)			
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d))· · -	1,166.	1,647.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ــــــال است	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>, g </u>	2,103,431.	2,879,210.
	13 (Grants and similar amounts paid (Part IX, column (A), lineS1[3) MAR 🛭 7 2018	191	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	Sal	0.	<u> </u>
တ္သ	15	Salaries, other compensation, employee benefits (Part IX, column(A),) (Part IX)	ŢŪ	856,697.	871,989.
Expenses	16a 1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g.	ь-	Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u> [,
ш :		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		940,579.	1,247,448.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,797,276.	2,119,437.
		Revenue less expenses Subtract line 18 from line 12		306,155.	759,773.
-S		tevende less expenses educate inte to morn line 12	D.	ginning of Current Year	
Net Assets or Fund Balances	<u> </u>	Fatal accests (Flort V. (ma. 10)	De		End of Year
Sal	20	Fotal assets (Part X, line 16)	 	3,844,239.	4,604,012.
in at	21	Total liabilities (Part X, line 26)	}	0.	<u>U·</u>
		Net assets or fund balances Subtract line 21 from line 20		3,844,239.	4,604,012.
	art II	Signature Block		·	
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparei	has any knowledge.	
	60	LA KATUA		1712111	X
Sigr	9 20t8	Signature of officer		Date(V
Her	e 🌅	SR. KIM MIS, EXECUTIVE DIRECTOR		I	
	ဓာ	Type or print name and title			
		Print/Type preparer's name Preparer signature		Date Check	PTIN
Paid		ROBERT J. HANNIGAN	lr	1/13/18 self-employe	<u> </u>
Prep		Firm's name BANSLEY AND KIENER, LLP		Firm's EIN	36-2152389
	- F		<u>'</u>	THIN S EIN	20-2134303
Use	עיייט	Firm's address 8745 W HIGGINS RD STE 200		51 54	1 162 1811 T
	7	CHICAGO, IL 60631-2704		Phone no. 31	2-263-2700
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	. ~	1 1 1 6 E o Bosson and B of the Cartaly Control of the Cartaly Contr			

	1 990 (2016) , UNITED			36-3591859	Page 2
Pa	rt III. Statement of Program Ser	vice Accomplishments			
	. Check if Schedule O contains a res		is Part III		
1	Briefly describe the organization's mission PREVENTION AND TREAT		IES FOR YOUTH AT	RISK	
2	Did the organization undertake any signiful prior Form 990 or 990-EZ? If "Yes," describe these new services on		the year which were not listed o		X No
3	Did the organization cease conducting, of "Yes," describe these changes on Sch		how it conducts, any program s	ervices? Yes	X No
4	Describe the organization's program services Section 501(c)(3) and 501(c)(4) organizative revenue, if any, for each program services	ons are required to report the reported.	amount of grants and allocation	ns to others, the total expenses, ar	nd
4a	(Code) (Expenses \$2, PREVENTION AND TREAT) SYSTEMS THAT SURROUN		of\$ DEMONSTRATING AT)99.) AND
4b	(Code) (Expenses \$	including grants of	of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants o	of \$) (Revenue \$	'
					
4d	Other program services (Describe in Schr	edule O)			
-,-	(Expenses \$	including grants of \$) (Revenue \$)	
4e_	Total program service expenses	2,041,929.		Form 9 9	90 (2016)

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Form 990 (2016) . UNITED STAND
Part IV. Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		'	1
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		i	
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	'	х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7_		
8	Schedule D, Part III	8	1	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	}
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Ċ	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	_		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a			7.7	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			[
	complete Schedule G, Part III	19	<u> </u>	<u> </u>
		Form	990	(2016)

Form 990 (2016) , UNITED STAND

Part IV. Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ľ	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1 1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,") }		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
-	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	- control of the cont	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

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Form 990 (2016) UNITED STAND Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-	{	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		İ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	İ	ł	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	İ	ļ	
	filed for the calendar year ending with or within the year covered by this return	į i	ł	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b] !		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	·		
	any contributions that were not tax deductible as chantable contributions?	6a	<u> </u>	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	. '		ı
_	were not tax deductible?	_6b_		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	 	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u>-</u>	1	v
۰	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
e	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7e 7f		
١ ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12	ŀ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	,	
11	Section 501(c)(12) organizations. Enter:		-	
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)] :	,	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year] :	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O]]	
b	Enter the amount of reserves the organization is required to maintain by the states in which the] ']	
	organization is licensed to issue qualified health plans] '	1)
С	Enter the amount of reserves on hand	 	 -	
14a		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.13)
		FORM	MMU	(2016)

UNITED STAND 36-3591859 Form 990 (2016) Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI \mathbf{X} Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No_ Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16<u>a</u> X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website ____ Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

Form 990 (2016)

60629

MARY LOU CRAGG - 773-585-4499

3731 W. 62ND STREET, CHICAGO,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box.	box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SR. KIM MIS	60.00							Ì		
DIRECTOR/OFFICER		X		X	_	_		58,970.	0.	0.
(2) SR. MARGARET ZALOT	2.00				1	1				
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(3) MARIA ELENA PORTELA	2.00	_			ļ	{			_	
DIRECTOR		X	_		<u> </u>	ــــــا	<u> </u>	0.	0.	0.
(4) ANNE DOORHY	2.00				İ	ĺ		_	_	_
DIRECTOR		X		_	_	_	<u> </u>	0.	0.	0.
(5) SR. MARY BETH BROMER	2.00					ŀ	1		_	_
DIRECTOR		X	_	_	<u> </u>	<u> </u>		0.	0.	0.
(6) FR. STAN RATAJ	2.00				ĺ				_	
DIRECTOR		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(7) SR. JULIE WECKWERTH	2.00]				_	_
DIRECTOR		X				 	<u> </u>	0.	0.	0.
(8) JAMES KEOUGH	2.00					}				
DIRECTOR		X			<u> </u>	<u> </u>	_	0.	0.	0.
	ļ					1				
		ļ			 	├—	├-	ļ		
			-	-	 	\vdash	\vdash			
					1	1		İ		
						\vdash				
						į		,	;	
					 	 		 		
	 									
						1	 -	 		
•	 	1								
					-		 			
	\ 									
				Ь		Ц				5 000 (00.10)

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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
			
ber of independent contractors (including bu	t not limited to those list	ted above) who received more than	

Form 990 (2016)

Form 990 (2016) UNITED STAND
Part VIII Statement of Revenue

		Check if Schedule O conta	uns a response	or note to any lin	e in this Part VIII			
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a				,	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b			,	•	1
Q E		Fundraising events	1c			,		1
if A		Related organizations .	1d				1	
Ç.∰		Government grants (contribution	· 		,		ž.	-
8.9		All other contributions, gifts, grant						
풀힐	٠,	similar amounts not included abov		112,464.	•	-	^ _	1
불리	_	Noncash contributions included in lines		112/101.	,		,	
등	•	Total. Add lines 1a-1f	12-11 5		112,464.			
<u> </u>		Total. Add mies 14 11		Business Code				
	2 2	CONTRACT/CLIENT			2,765,099.	2.765.099		Ì
Š	2 u b				<u> </u>			
is Sc	c							
ΕŞ	ď						· · · · · · · · · · · · · · · · · · ·	
P. B.	u							
Program Service Revenue	•	All other program service rever	nue					1
		Total. Add lines 2a-2f			2,765,099.	,		1
	3	Investment income (including	dividends, intere					
	•	other similar amounts)			1,647.			1,647.
	4	Income from investment of tax	exempt bond a	roceeds			-	
l	5	Royalties						
l	•		(i) Real	(ii) Personal	, .		`	
į	6 a	Gross rents			,			
		Less: rental expenses	<u> </u>					
j		Rental income or (loss)						•
-		Net rental income or (loss)			•	-		
1		Gross amount from sales of	(i) Secunties	(ii) Other				
1	• -	assets other than inventory					,	
i	b	Less: cost or other basis			. ,			
1	-	and sales expenses			, ,			•
	c	Gain or (loss)						
		Net gain or (loss)		. •				
a l		Gross income from fundraising	g events (not				,	-
- -		including \$	of	į	-		,	-
eve		contributions reported on line	1c) See				l	
Other Reven		Part IV, line 18	a	_			ļ	
흏	b	Less direct expenses	. b			l		-
0	C	Net income or (loss) from fund	raising events					
[Gross income from gaming ac						-
		Part IV, line 19	а		,		į	,
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gam	ing activities	<u>.</u> ▶	l 			<u> </u>
	10 a	Gross sales of inventory, less	returns	!				,
1		and allowances	а				Ì	
	b	Less: cost of goods sold	b	l		`		
1	C	Net income or (loss) from sales	s of inventory					ļ
{		Miscellaneous Revenue	e	Business Code		-		,
}	11 a					ļ		ļ
	b				_			
	С	·		<u></u>	<u> </u>		 	
- 1	d	All other revenue		<u> </u>	 	ļ	-	
į	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,879,210.	[2,765,099.	0.	1,647.

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Form 990 (2016) . UNITED STAND Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A)	
	not include amounts reported on lines 6b.	(A)		(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				-,
2	Grants and other assistance to domestic			-	
	individuals See Part IV, line 22			, `	
3	Grants and other assistance to foreign	}		` ' '	v
	organizations, foreign governments, and foreign				1 1
	individuals. See Part IV, lines 15 and 16				· ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	EB 515	55 545		
	trustees, and key employees	57,515.	57,515.		
6	Compensation not included above, to disqualified	1		į	
	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)	760 126	600 126		
7	Other salaries and wages	760,136.	688,136.	72,000.	
8	Pension plan accruals and contributions (include			i	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	54,338.	48,830.	E E00	
10	Payroll taxes	34,330.	40,830.	5,508.	
11	Fees for services (non-employees):				
a	Management .				
b	Legal				
c	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,		·		
g	column (A) amount, list line 11g expenses on Sch O.)				
10	Advertising and promotion	··			
12 13	Office expenses	17,748.	17,748.		
14	Information technology	17,740.	1/,/40.		
15	Royalties		7		
16	Occupancy	13,913.	13,913.		
17	Travel	4,725.	4,725.		
18	Payments of travel or entertainment expenses	-7:-0			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	_	,	-	* n
	amount, list line 24e expenses on Schedule 0.)			,	
а	SUBCONTRACTOR COSTS	1,184,787.	1,184,787.		
b	PROGRAM EXPENSES	26,275.	26,275.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,119,437.	2,041,929.	77,508.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ		
	Check here If following SOP 98-2 (ASC 958-720)				

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Form 990 (2016) . Part X . Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	3,096,465.	2	3,372,018
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	747,774.	4	1,231,994
5	Loans and other receivables from current and former officers, directors,	,		
	trustees, key employees, and highest compensated employees. Complete	•		,
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	,		
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	" -		
	employers and sponsoring organizations of section 501(c)(9) voluntary			`
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			-
	basis. Complete Part VI of Schedule D 10a	•		
Ь	Less. accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		_11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,844,239.	16	4,604,012
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	/
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons	:		
1	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here			
-	complete lines 27 through 29, and lines 33 and 34.	•		
27	Unrestricted net assets	3,844,239.	27	4,604,012
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
. ·	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			 -
	and complete lines 30 through 34.	•	·	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,844,239.	33	4,604,012
34	Total liabilities and net assets/fund balances	3,844,239.	34	4,604,012

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Pa	rt XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,879		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,119	4, 4	<u>37.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	759	7, 1	<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,844	1,2	<u>39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	4,604	1,0	<u>12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both			` '	,
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u> _	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		-	1
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			ı
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audite, explain why in Schedule O and describe any steps taken to undergo such audits		2h		

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Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

• Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

			ED STAND	· -				3	6-3591859
Par	t I	Reason for Public (Charity Status (All organizations must co	omplete th	ııs part) S	ee instructions	s	
The o	rganı	ization is not a private found		_	-				
1 1	ᆗ	A church, convention of ch					1)(A)(i).		M
2	4	A school described in secti		•			-		
3 L	_	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5 L		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental u	ınıt describ	oed in
-		section 170(b)(1)(A)(iv). (C							
6 L	닠	A federal, state, or local government							
7 L	X.	An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 L	닠	A community trust describe							
9 L		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state of	the colleg	e or
_		university							······
10 L		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	ın 33 1/3% of	rts support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ured by the or	ganızatıon	after June 30, 1975.
_		See section 509(a)(2). (Cor	mplete Part III.)						
11	_]	An organization organized a	and operated exclus	ively to test for public sa	afety. See :	section 50	09(a)(4).		
12 L		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganızations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and	d 12g.	
а	L_	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majonty (of the dire	ctors or truste	es of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	ving
		control or management o	f the supporting orga	anızation vested ın the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with,	and functional	lly integrate	ed with,
		rts supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
ď		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppoi	ted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ıng organı	zation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	inization listed ing document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
					Ĭ		1		
						<u> </u>			
						ļ	ļ	,	
]				
Total				1	I	l	l		I

Schedule A (Form 990 or 990-EZ) 2016 UNITED STAND Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		_ 				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	[į			
	ınclude any "unusual grants ")	48,118.	98,858.	31,197.	55,805.	112,464.	346,442.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf]				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	48,118.	98,858.	31,197.	55,805.	112,464.	346,442.
5	The portion of total contributions		T				
	by each person (other than a		1	1			
	governmental unit or publicly						
	supported organization) included		·]				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					ì	
6	Public support. Subtract line 5 from line 4						346,442.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	48,118.	98,858.	31,197.	55,805.	112,464.	346,442.
8	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources	3,222.	1,726.	974.	1,166.	1,647.	8,735.
9	Net income from unrelated business			l			
	activities, whether or not the		1				
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital		ļ				3
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	السيادة سيا					355,177.
12	Gross receipts from related activities,	etc. (see instruction	ons) .			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor			 			<u> ▶</u> L
	ction C. Computation of Publ						
	Public support percentage for 2016 (=	lumn (f))	•	14	97.54 %
	Public support percentage from 2015	•	•			15	<u>95.53</u> %
16a	33 1/3% support test - 2016. If the			line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				$\triangleright [X]$
b	33 1/3% support test - 2015. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					▶∟,_
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt VI how the organ	ization
	meets the "facts-and-circumstances"		•		•		. ▶∟_
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				= -		
	organization meets the "facts-and-circ			•			. ▶⊨
18	Private foundation. If the organization	n dia not check a l	oox on line 13, 16a,	16b, 1/a, or 17b,		ind see instruction:	

Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify under Part II If the organization failed to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013(c) 2014(d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2012 (b) 2013 (d) 2015 Calendar year (or fiscal year beginning in) (c) 2014 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment/Income Percentage Investment income percentage for 2016 (line/10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	3b		
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Pa	rt V . Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		<u></u>
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			-
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		T
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		T
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	- 8		
Sect	ion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	-	
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Pai	TV √ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	··		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			L
10	Line 8 amount divided by Line 9 amount			
_		(i)	(ii)	(iii)
	P. Black the Attack the Control of the Attack the Control of the C	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2016:			
а			-	
b			· · ·	
С	From 2013			
d	From 2014			
e	From 2015	-		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			•
i	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2016 from Section D,	-	,	
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	! 	<u> </u>	ļ
7	Excess distributions carryover to 2017. Add lines 3j			-
	and 4c			
8	Breakdown of line 7	,	1	`
a				
b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
_	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A	(Form 990 or 990-EZ) 2016 UNITED S	TAND	36-3591859 Page 8
Part VI.	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, line 1; Part IV. Section D, lines 2 and 3. Part	the explanations required by Part II, line 10; Part II, line 17a or 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, tion E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12, and 2; Part IV, Section C, Section B, line 1e, Part V
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(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

OMB No 1545-0047

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 7 Total number at end of year 2 Aggregate value of grants from (auring year) 3 Aggregate value of grants from (auring year) 4 Aggregate value at end of year 5 Det the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of advisors of the any other purpose conferring majority of conservation easements held by the organization (check all that apply). Parts III Conservation Easements. Complete if the organization (check all that apply). Preservation of a district public use (e.g., recreation or advisors of that apply). Preservation of a district public use (e.g., recreation or advisors of that apply). Preservation of a part public use (e.g., recreation or advisors of the preservation of a histonically important land area Preservation of a part public use (e.g., recreation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the torm of a conservation easement on the list did not all the public use (e.g., recreation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the torm of a conservation easement on the list of the first Year 2 Total number of conservation easements and certified historic structure included in (a) 2 Authority of conservation easements on a certified historic structure included in (a) 2 Number of conservation easements on a certified historic structure included in	ITAIII	UNITED STAND	36-3591859
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bar{\text{\$}}\$	2		Provide
b Assets included in Form 990, Part X	_		• •
			> \$
		For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2016

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Sche	dule D (Form 990) 2016 UNITED	STAND					3	86 <u>-</u> 35	9185	9 Pi	age 2
	rt III. Organizations Maintaining C		rt, Histo	orical Tr	easures, o	r Other					-90-
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a sig	nıficant u	se of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	(a <u>□</u> _∟	oan or exc	hange prograi	ms					
b	Scholarly research	•	• 🔲 c	ther							
C	Preservation for future generations	•									
4	Provide a description of the organization's co	ollections and expla	in how the	ey further t	he organizatio	n's exem	pt purpo	se in Par	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or othe	r sımılar a	ssets				
	to be sold to raise funds rather than to be m								Yes		No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the d	organizatio	n answered "	Yes" on F	orm 990	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for c	ontribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?							. 🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	oliowing ta	ıble [,]							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial accou	ınt liabılıty	/?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation	has been	provided on F	art XIII		_]
Pa	rt V Endowment Funds. Complete	f the organization ar	nswered "	Yes" on Fo	rm 990, Part I	IV, line 10	·	·			
		(a) Current year	(b) Pri	or year_	(c) Two years	back (c) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance .				L						
þ	Contributions										
C	Net investment earnings, gains, and losses		<u> </u>								
d	Grants or scholarships										
e	Other expenditures for facilities							·			
	and programs]	11					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administer	ed for the	organiza	ation	_		
	by:								i	Yes	No
	(i) unrelated organizations								3a(i)]	
	(ii) related organizations	•				••			3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on Sc	hedule R?	-		-	-	3b		
4	Describe in Part XIII the intended uses of the	organization's ende	owment fu	ınds							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a S	See Form 990,	Part X, III	ne 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	1	(d) Boo	k valu	e
		basis (investi	ment)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
c	Leasehold improvements										
ď	Equipment										
е	Other										
Foto!	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	Y colum	n (R) line 1	(Oc.)						

Schedule D (Form 990) 2016

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Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(5) (6) (7) (8) (9)

	edule D (Form 990) 2016 UNITED STAND			<u> 36-</u> :	<u>3591859 </u>	Page 4
Pai	t XI - Reconciliation of Revenue per Audited Financial Stateme	ents Wit	th Revenue per F	Return	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		_			
1	Total revenue, gains, and other support per audited financial statements			1	3,221	110
		•		├ • • •	J, 221	410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1		1		
а	Net unrealized gains (losses) on investments	2a	242 222	4 [
b	Donated services and use of facilities	. 2b	342,200.	4		
C	Recovenes of prior year grants	2c] [
d	Other (Describe in Part XIII.)	_ 2d				
е	Add lines 2a through 2d			2e	342	200.
3	Subtract line 2e from line 1	•		3	2,879	210.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	• •	—		2201
-		1.1		1 -1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		-{		
p	Other (Describe in Part XIII)	4b		4 i		_
С	Add lines 4a and 4b	•		4c		<u> </u>
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,879	<u>.210.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	[.] Retu	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,461	637.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	•	 ' 	2/101	05/1
2		1	242 200	1 1		
а	Donated services and use of facilities	2a	342,200.	4		
b	Pnor year adjustments	2b		- 1		
C	Other losses	2c		1 1		
d	Other (Describe in Part XIII.)	2d]		
е	Add lines 2a through 2d			2e	342	200.
3	Subtract line 2e from line 1			3	2,119	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
•						
a				1 1		
b	Other (Describe in Part XIII.)	4b				0
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	0.110	0.
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	2,119	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information.	4b		5		437.
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	Ib and 2b, Part V, line	5		437.
b 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information.	4b		5		437.
b 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	4b		5		437.
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization UNITED STAND	Employer identification number 36-3591859
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO I	TS FILING AT ITS
REGULAR BOARD MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
NOT MADE AVAIABLE TO THE PUBLIC	-
	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)